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SECTION B OF CLAIM FOR WELFARE EXEMPTION

Separate copies of this section must be completed for each property for which exemption is sought. Attach to each Section B a copy of your latest **operating statement (income, expenses) relating exclusively to this property**, if different from organization's. Statement should include sources of income and the nature of expenses.
(follow instructions carefully)

Information for Property No. _____ Claim for year: _____

Name of Organization _____

Address of this property _____ County _____

Is this a new location this year? ☐ Yes ☐ No *(give complete address including zip code)* If **yes**, when was this property first put to an exempt use?

Date _____, 20____.
(month/day) (year)

PROPERTY DESCRIPTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED
1. Land: Legal description or map book, page, and parcel number from most recent tax statement	1B. Primary use since January 1 of prior year:
1A. Area: Acres of square feet	1C. Incidental use since January 1 of prior year:
2. Buildings and Improvements BLDG. NO. NO. OF NO. OF TYPE OF OR NAME FLOORS ROOMS CONSTRUCTION	2A. Primary use since January 1 of prior year:
	2B. Incidental use since January 1 of prior year:
3. Personal property <i>(describe)</i>	3A. Primary use since January 1 of prior year:
	3B. Incidental use since January 1 of prior year:

4. Owner and operator *(carefully check applicable boxes)*
 Claimant is: ☐ owner and operator ☐ owner only ☐ operator only and claims exemption on all ☐ land ☐ buildings and improvements, and/or ☐ personal property listed above. List the name of the organization which owns or operates the land, buildings, or personal property **other than the claimant**: _____

5. Leased or rented (since January 1 of prior year)

(a) Is any portion of the property indicated in 1, 2, or 3 above rented, leased, or being used or operated part time or full time **by some other person or organization**? ☐ Yes ☐ No If **yes**, describe that portion and its use and attach a copy of agreement; list amount received by claimant: _____

(b) Is any equipment or other property at this location being leased, rented, or consigned from someone else? ☐ Yes ☐ No If **yes**, so state and list on the reverse side of this form. Property so listed is not subject to the exemption and will be assessed by the Assessor if owned by a taxable entity.

6. Living quarters (since January 1 of prior year)

Is any portion of this property used for living quarters for any person? ☐ Yes ☐ No If **yes**, describe that portion: _____

Submit documentation that the housing is incidental to and reasonably necessary for the exempt purposes of the organization. See instructions.

7. Sale of personal property (since January 1 of prior year)

Is any portion of the property indicated in 1, 2, or 3 above used to operate a **store, thrift shop, or other** facility making sales to members or to the general public? ☐ Yes ☐ No If **yes**, list hours per week the business is operated and describe nature of articles sold: _____

8. Expansion

Do you contemplate any capital investment in the property within the next year? ☐ Yes ☐ No If **yes**, explain: _____

EQUIPMENT AND OTHER PROPERTY AT THIS LOCATION THAT IS BEING LEASED, RENTED, OR CONSIGNED TO THE CLAIMANT

(This property is taxable as it is **not owned** by the claimant.)

[illegible]